She was followed up regularly for almost two years and showed no signs of relapse. She stopped taking antithyroid drugs several times and suffered brief relapses of hyperthyroidism, but without any psychosis.

### Comment

Hyperthyroidism commonly presents with mental changes such as irritability and anxiety, but psychotic symptoms like hallucination and delusion are rare. The review by Ellis and Mellsop shows that de Clérambault's syndrome is also rare.

Our case satisfied all the criteria of the syndrome, but it did not run a chronic course. The prognosis of the primary disorder is generally poor,[2 3] but in this case of secondary erotomania the outcome was good.

1 De Clérambault GG. Les psychoses passionelles. In: *Oeuvres psychiatriques*. Paris: Presses Universitaires de France, 1942:315-22.
2 Ellis P, Mellsop G. De Clérambault's syndrome—a nosological entity. *Br J Psychiatry* 1985;**146**: 90-5.
3 Enoch MD, Trethowan WH. De Clérambault's syndrome. In: Enoch MD, Trethowan WH, eds. *Uncommon psychiatric syndromes*. Bristol: John Wright, 1979:15-35.

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# Asphyxiation by a child's dummy

All dummies sold in the United Kingdom conform to British Standard 5239. We report a case in which a dummy caused asphyxia in an 8 month old boy.

### Case report

An 8 month old boy, who had used a dummy for seven months, presented with cyanosis but was still making some respiratory effort. The flange of a dummy was wedged behind the posterior tonsillar pillar, and there was a small amount of intraoral blood. The handle (ring) of the dummy was missing, having broken off at the hinge adjacent to the flange. Intraoral digital pressure on one side of the flange caused it to pivot, its edge was gripped with a towel clip, and the dummy was extracted. Suction removed the oropharyngeal blood, and he cried and became pink. He was given oxygen by facemask. His chest was clear on auscultation, and an *x* ray film four hours after admission showed no swelling of the soft tissue in the upper airway. Observation for 24 hours was uneventful.

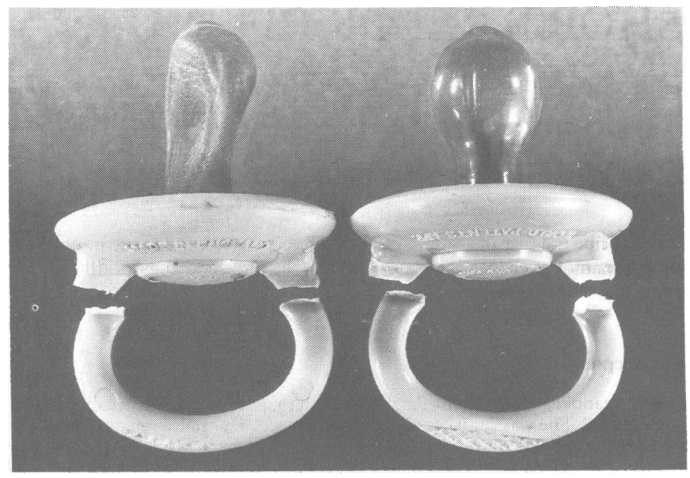
Before presentation he had often had part of his dummy's flange in his mouth, behind either the upper lip or the superior alveolar ridge. Occasionally only the ring would be visible out of his mouth. This time cyanosis was noted when odd gurgling sounds alerted his parents. The ring, still visible between his lips, moved gradually further into his mouth as if he were swallowing it. His father attempted to remove the dummy by grasping the ring and pulling. The ring detached at the flange, which filled out most of his mouth so his father could not extract it. The ambulance crew, attempting digital removal by inverting the child and using the Heimlich manoeuvre, failed to dislodge it. He was given oxygen, and oral suction was performed.

Although the various attempts to remove the dummy may have forced it into the oropharynx, rather than his swallowing on the teat having pulled it there, the relative ease with which it was removed indicates that the oropharynx was big enough for the flange.

#### THE DUMMY

The dummy was a blend of polypropene-polyisobutene, tough and strong under normal conditions; its fractured surface showed some evidence of strain whitening.

Twelve identical dummies, bought and tested according to the mechanical properties section (7) of British Standard 5239, conformed to the British Standard. Another 12 dummies were studied for the effects of (*a*) deforming at high strain rates and (*b*) fatiguing before (*a*). For British Standard 5239 the ring must withstand a load of 60 N applied over five seconds perpendicular to the main axis and maintained for 10 seconds, a grip separation rate of 0·5 mm/s. Under these conditions, the load causing fracture was 260 N. When the grip separation rate was increased to 5 mm/s the load causing fracture was only 60 N, the fractured surface being almost identical with that of the dummy removed from the child (figure). Fatiguing the dummy (bending the ring through 180° 1000 times) and then stressing it at the higher strain rate increased the load causing the fracture but reduced the ductility.



Fractured surfaces of dummy that caused asphyxiation with a ring broken off during testing (left) and of one subjected to high strain rate (grip separation rate 5 mm/s, load 60 N) (right).

### Comment

The ring probably fractured because of the rapid deformation resulting from the father's tugging at the dummy, trying to remove it from the throat of his choking child.

British Standard 5239 considers only a low strain rate; we recommend that dummy rings should withstand a load equal to or greater than 120 N, with a grip separation rate of 5 mm/s. We suggest also that further consideration be given to the size and shape of flanges because of the ease with which the whole of the standard flange entered the baby's mouth and oropharynx. No radiographic data exist on the normal measurements of the oropharynx, except for the length of the hard palate and depth of the posterior pharyngeal wall,[1] primarily because of the variation in amount of soft tissue and its elasticity.

We thank the British Standards Institution for its cooperation.

1 Keats TE. *Atlas of roentgenographic measurement*. Chicago: Year Book Medical Publishers, 1985.

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# Testicular relapse after chemotherapy for malignant teratoma

Extragonadal presentation of malignant teratoma is well recognised.[1] The treatment is usually cytotoxic chemotherapy, which is highly successful. We report here on a patient who had extragonadal metastatic teratoma and whose testis subsequently relapsed.

### Case report

A 23 year old man presented with severe abdominal pain and left supraclavicular lymphadenopathy. No testicular abnormality was noted. Laparotomy showed a large retroperitoneal mass displacing the stomach and duodenum. Biopsy of the tumour showed undifferentiated malignant teratoma. Serum β human chorionic gonadotrophin and α fetoprotein concentrations were increased at 2785 IU/l and 25 IU/l, respectively. Computed tomography showed no evidence of tumour spread to the lung or liver. He received five courses of a three week chemotherapy